

Mailing Address
Self-Insurance Plane
2265 Watt Avenue, Suite 1
Sacramento, California 95825

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
SELF-INSURANCE PLANS
SURETY BOND OF SELF INSURER OF WORKERS' COMPENSATION
(LABOR CODE SECTION 3701)

IN THE MATTER OF THE CERTIFICATE OF _____)
_____)
_____)
_____)
_____)
_____)
_____)
Employer, Certificate No. _____)

SURETY BOND

NO.
INCREASE RIDER

WHAREAS, In accordance with condition (3) of Surety Bond No. _____, naming

(hereinafter called Principal and _____

_____ as Surety; and

WHEREAS, The Director of Industrial Relations has called for an increase in the penal sum of said in the amount of at least _____ Dollars (\$_____); and

NOW, THEHFORE, In accordance with the provisions of said bond, the penal sum thereof is hereby increased to Dollars (\$_____); and

IT IS UNDERSTOOD AND AGREED, That said increase shall be effective in accordance with the terms, provisions and limitations of said bond for all past, present, existing and potential liability of of the surety for said principal, as a self-insurer, without regard to specific injuries, date or dates of injuries, happenings or events; and

IT IS FURTHER UNDERSTOOD AND AGREED, That this nder shall be attached to and form a part of said bond.

Name of Surety

Address

City, State, Zip

Telephone Number

THIS bond rider is executed under an unrevoked appointment or power of attorney.

I certify (or declare) under penalty of perjury under the laws of the State of California that I have executed the foregoing increase rider to the above-described surety bond under an unrevoked power of attorney.

Executed in _____ on _____
(City/State) (Date)

Signature of Attorney-in-Fact

Printed or Typed name of Attorney-in-Fact

A copy of the transcript or record of the unrevoked appointment, power of attorney, bylaws, or other instrument, duly certified by the proper authority and attested by the seal of the insurer entitling or authorizing the person who executed the bond 10 do so for and in behalf of the insurer, must be flied in lne office of the clerk of the county of Sacramento or must be included with this bond for such filing.

STATE OF CALIFORNIA
DEPARTMENT CF INDUSTRIAL RELATIONS

Date

Manager, Self-Insurance Plans,
For the Director of Industrial Relations

(Prepare in Triplicate)